2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P98000023294 03-20-2008 90034 027 ***150.00 1. Entity Name R. J. COLE, INC. Mailing Address Principal Place of Business 50000598 **6287 BAHIA DEL MAR CIRCLE** 6287 BAHIA DEL MAR CIRCLE **BLDG P UNIT 908 BLDG P UNIT 908** ST. PETERSBURG, FL 33715 ST. PETERSBURG, FL 33715 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2249 2246 Court East Court Foot 13111 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01282008 Chg-P 4. FEI Number Applied For City in State City & State 59-3499525 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4219 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard Cole COLE, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 6287 BAHIA DEL MAR CIRCLE BLDG P UNIT 908 ST. PETERSBURG, FL 33715 City Parrish 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS TITLE ☐ Addition TITLE Delete Change COLE RICHARD J COLE, RICHARD J NAME NAME 22nd Court East STREET ADDRESS 6287 BAHIA DEL MAR CIRCLE, BLDG.P, UNIT 908 STREET ADDRESS ST. PETERSBURG, FL 33715 CITY-ST-ZIP Arrish CITY-ST-7IP VPT Delete TITLE Change ☐ Addition TITLE JANE E COLE NAME NAME COLE, JANE E 2014 COUNT East STREET ADDRESS 1344 STREET ADDRESS 6287 BAHIA DEL MAR CIRCLE, BLDG.P, UNIT 908 CITY-ST-ZIP 34219 CITY-ST-ZIP ST. PETERSBURG, FL 33715 4brrish ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I amian officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered SIGNATURE:

FILED Mar 20, 2008 8:00 am